



# Medics Forward

*"Any mission, Anywhere!"*

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## Army medical facilities transition to electronic records system

**By Phillip Tegtmeier**  
**ERMC Public Affairs Office**

Starting in February, Army medical facilities in Europe will begin a transition to the electronic health record known as the Composite Health Care System II (CHCS II).

The transition, which begins at Heidelberg Army Hospital, is expected to be completed by the end of summer in Europe. Landstuhl Regional Medical Center will begin the transition at the end of March, with the Wuerzburg Army Hospital following in June, according to CHCS II program managers.

This system is the second generation of the military's automated healthcare system. CHCS II will feature electronic health records that will be instantly available to healthcare providers world wide with access to the system. It is the future of healthcare across the Military Health System.

The most visible feature for health care beneficiaries is that records, besides being paperless, will be accessible from any military clinic or hospital. This includes immunization records for children, for example, making school registration a much easier process for many.

Staffs at military treatment fa-

cilities will be able to call up and print out those records anywhere in the world, officials said. All military services are implementing the system in the next two-year span.

Until the system is fully in place however, patients must still hand carry their paper records when relocating. Within the Army Medical Command, CHCS II has been implemented in the Southeast Regional Medical Command and is slated for implementation in the Europe, Western and Great Plains Regional Medical Commands in 2005. By year end of 2006, it will have been implemented throughout all Army medical treatment facilities.

One drawback is that during CHCS II implementation patients will experience longer wait times for appointments. Fewer appointments will be available as the staffs train on the new system. In facilities that have already gone through the implementation, the appointment slowdown generally lasted less than two months.

Program managers said the system answers both provider and beneficiary desires for paperless medical records. Additionally, studies conducted where Electronic Medical Record (EMR) systems have already been im-

plemented indicate providers are already noticing improvements in two areas – improved care and lower costs.

The purpose of the study, which appeared in the *Journal of the American Board of Family Practice*, was to explore the organizational impact of an EMR system on community-based practices that have overcome the initial barriers associated with adopting an electronic form of record keeping compared to traditional paper records. Five primary care practices that are part of a national research network participated in the study.

Physicians and staff indicated that the EMR system has changed not only how they manage patient records but also how they communicate with each other, provide patient care services, and perform job responsibilities.

The EMR is also perceived by users to have an impact on practice costs. Although in most practices physicians and staff were unaware of actual expenses and cost savings associated with the EMR, those in practices that have eliminated duplicate paper-based systems believe they have realized cost savings.

### INSIDE THIS ISSUE:



**Landstuhl Regional Medical Center commander, Col. Rhonda L. Cornum speaks out.**

**See story page 6**

**Operation Iraqi Freedom &  
Operation Enduring Freedom  
as of January 13, 2005**

#### Clinical Operations

- OIF patients 18,912
- OEF patients 3,215

#### USAMMCE

- Line items 309,000
- DoD customers 834
- \$278 million

## ERMC



**"Caring for our nation's  
best" Medics Forward ...  
Any Mission, Anywhere!**

## Health officials urge eligible beneficiaries to get flu vaccine

**Article courtesy of  
ERMC Public Affairs Office**

**A**lthough the number of confirmed cases of influenza has been below average this year, health officials continue to urge those eligible to receive the influenza vaccination to visit their local health care facility and be immunized.

"Historically, the peak of the flu season comes in January and February," said Col. Loren Erickson, commander, U.S. Army Center for Health Promotion and Preventive Medicine, Europe (USACHPPM-E). He urged early administration of the vaccine, because it does not become effective until one to two weeks after it is administered.

There have been 16 laboratory confirmed cases of influenza so far this year in U.S. Army Europe (USAREUR). Seven of these nine cases were confirmed in the first week of January alone. Flu activity continues to be closely monitored to see if this is the start of increased influenza activity in USAREUR. The good news is that reports of influenza-like illnesses are within normal limits and below last

year's rates, Erickson said.

Officials at U.S. Army Medical Materiel Center-Europe (USAMMC-E) received 100 percent of the vaccine required to vaccinate all deployed and deploying Soldiers as well as high risk beneficiaries in Europe.

However, due to low consumption by high risk individuals worldwide, DoD expanded the program Dec. 29, 2004 to include all Soldiers deploying March 1 through March 31, 2005, all beneficiaries age 50 years and older, and all close contacts of individuals in high risk groups.

Health care officials will use existing vaccine and request possible redistributed vaccine from the United States if available, said Col. Allen J. Kraft, Director, Force Health Protection Office. "We want to be sure to use all available vaccine to prevent or limit any potential influenza outbreak. We are also making the vaccination available, while supplies last, to all active duty personnel and strongly encourage commanders to have their Soldiers get the vaccination. Soldiers going on training exer-

cises or those in close quarters with one another are at higher risk and should get the vaccination now. Remember it will take one to two weeks once you receive the shot for immunity to develop, so the sooner you get it the better."

"We have already ensured that most of our Soldiers who are deployed have the vaccine. Now we are focusing on Soldiers who are slated for deployments, for our high risk beneficiaries, and active duty personnel. These are patients and Soldiers who are at greatest risk of developing serious medical complications from the disease," he said.

"To ensure that this special population of beneficiaries is protected, the physicians and clinicians at our medical treatment facilities will be monitoring patients during routine appointments to determine if the vaccine is needed," Col. Kent Bradley, preventive medicine consultant for ERMC said. "Additionally, patients who are unsure of their medical status and wonder if they may be a candidate for the vaccine this year should contact their local health care provider."

## ERDC conference talks about commitment to care

I want to thank everyone involved in the 48<sup>th</sup> Annual Europe Regional Dental Command Conference this past November in Garmisch-Partenkirchen, Germany. The invited speakers and the staff of the Europe Regional Dental Command (ERDC) as well as the enthusiasm of the attendees all came together to make this an outstanding continuing education opportunity.

The staff of the Edelweiss Lodge and Resort were gracious as well, and their efforts were greatly appreciated. We were able to be one of the first conferences in the new facility following the opening ceremonies with the U.S. Army Europe (USAREUR) commander, General B.B. Bell, Oct. 30, 2004.

Major Gen. Joseph Webb and Col. Sidney Brooks hosted the ice breaker reception. Webb is the Chief of the U.S. Army Dental Corps and currently serves as DSG/Chief of Staff of Medical Command. Brooks is the commander, U.S. Army Dental Command. The two Dental Corps leaders took the opportunity to address the conference attendees both formally and informally which assisted them in evaluating the command climate in the region.

The dental care providers that work in the treatment facilities under ERDC - whether their unit of assignment is the Heidelberg, Landstuhl, or Wuerzburg Dental Activity, the 93<sup>rd</sup> Medical Battalion, the 1<sup>st</sup> Armored Division, the 1<sup>st</sup> Infantry Division, or the 67<sup>th</sup> Combat Support Hospital - always provide care in a technically competent and empathetic manner.

To ensure and enhance this quality of care we sponsor continuing education opportunities like this one. The Soldiers and family members that we as a group care for in central Europe deserve a quality of care commensurate with or exceeding the society they have pledged to defend. I am committed to this. Our dental clinics are places where readiness and wellness are attained by "Soldiers and civilians caring for fellow Soldiers and family members."



*Photo courtesy Europe Regional Dental Command*

As the late President John F. Kennedy stated: "Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation." That is our charge as AMEDD Dental Care Providers.

In the above photo, Lt. Col. Steve Keesee (Heidelberg Dental Activity (DENTAC) Staff Prosthodontist) addresses the group on tips to enhance their practices in the 36 Dental Treatment Facilities located throughout USAREUR.

Together in the central European region we are three DENTACs (Heidelberg, Landstuhl, Wuerzburg) with one single mission. Our mission is the execution of Army dental care.

Our business is dentistry. Together we execute the mission compassionately, efficiently and productively. Feel free to contact us with ideas or suggestions to make the 2005 Conference even more successful and enjoyable. Lt. Col. Jay Etzenbach and Scott Downey are already planning the 2005 Conference scheduled for November 2005.

Col. Michael Cuenin

Europe Regional Dental Commander

## ERDC



### ERDC Mission

**The ERDC team ensures the dental readiness and deployability of the forward deployed military force in US Army Europe ... 36 clinics throughout Germany, Italy and Belgium.**

[www.erdch.healthcare.hqsareur.army.mil](http://www.erdch.healthcare.hqsareur.army.mil)

## H-MEDDAC



**Mission:**  
To ensure medical readiness while providing quality, integrated healthcare.

**Vision:**  
To be the most compassionate healthcare team, committed and responsive to the needs of the community.



## H-MEDDAC takes part in World AIDS Day

**Kimberly Jeffery-Wolfert (pictured on the right), Community Health Nurse, and Sgt. Marion Griffen share timely World AIDS Day information with lunch guests at the Heidelberg Hospital Dining Facility Dec. 1. As part of the first World AIDS Day, information brochures, and current statistics were provided to passersby by the staff of the hospital's Preventive Medicine and Wellness Center. Red ribbons were provided for those stopping to ask questions or read the current literature. In addition, current health trends and United Nations World Health Organization questions were provided to test levels of awareness and understanding.**

*Photo by Charles Ward, H-MEDDAC Public Affairs*

## Commander honors British soldier



*Photo by Charles Ward, H-MEDDAC Public Affairs Office*

**Col. David Krieger, commander, Heidelberg Medical Department Activity (left) congratulates Staff Sgt. Ian Brotherston Dec. 9, 2004 after awarding him the Army Achievement Medal. Brotherston completed a four-year tour at Heidelberg Hospital and an overall 25-year career with the British Army. Brotherston served as the British Liaison Officer to the hospital providing care and logistical support to all British military in southern Germany. In recent months Brotherston was frequently at Landstuhl Regional Medical Center providing care and support to wounded British soldiers arriving from Iraq.**



# Darmstadt nurse leads international yacht crew

By Charles Ward  
H-MEDDAC Public Affairs Office

Although a land-locked chief nurse at the Darmstadt Health Clinic for day-to-day work and living, Capt. Omer Ozguc takes every available opportunity to get to the Mediterranean Sea to test his 42-foot, French-built yacht and train with members of his crew. As a skipper of an international crew, he is already a yachting success story.

"I enjoy it. I really do," said Ozguc. "Due to distance from the sea and my yacht, I am not always able to sail as much as I would like. But this can still work out, and I will be able to compete some in the upcoming European race season."

Long distance travel to get to his boat is nothing new to him. Before arriving for the current Germany assignment, Ozguc was stationed in South Korea. It was from there that he traveled to participate in last summer's opening event for the Athens 2004 Summer Olympics, the Odyssey Sail Regatta, a yacht race lasting for over a month that covered many of the famed locations in Homer's Greek classic, the Odyssey. The 1,100 nautical mile race had numerous legs to it and centered on the island of Crete. The yacht race finished in Athens on the day of the Summer Olympics opening ceremony, permitting participants the opportunity to march with their countrymen in the Olympic stadium that evening.

Ozguc began his assignment in Darmstadt in September, just after competing in the pre-Olympic yacht race.

"It was not easy," he commented. "It was quite hectic trying to end the assignment at Camp Humphreys (South Korea). I had to fly and drive to get to the boat which was docked in Turkey. The day I arrived is the day we first sailed. We sailed to the start point on the island of Samos. After a skipper's meeting which I attended, we began racing on July 3, 2004." Over a month later the yacht race involving 100

yachts in three different classes concluded with Ozguc and his crew of eight taking third place overall.

Due to the length in time of the Odyssey Sail Regatta, Ozguc had to rotate his crew.

"None of us are professionals at this and we certainly don't get paid to do this," stated Ozguc. "We all use what available leave time or vacation time we have from our jobs. This makes it both difficult and a challenge. But it worked out, although this means I frequently don't have a full crew of eight." Only his brother was able to remain with him throughout the event.



Photo courtesy U.S. Army

**Capt. Omer Ozguc, chief nurse,  
Darmstadt Health Clinic and  
Olympic medal winner.**

Ozguc was born in Izmir, Turkey and immigrated to the United States in 1984, earning citizenship in 1986. He has lived and raced sailboats for over 14 years in Turkey, France, and the United States.

Winter is the yachting off-season. Ozguc's last competition was in November, an event that coincided with the Veterans' Day weekend. His yacht is kept secure in a small Turkish port by his brother. Ozguc is working now to arrange his schedule for the 2005 season.

"It is not easy," explains Ozguc. "We do this really for the love of it. My crew members and I have normal lives, and we all work different jobs. None of us lives that close to the yacht. So arranging time together to train and then to also compete is never that easy. But we do it because we love it."

Although not yet an official Olympic sport, yachting is currently being considered by the International Olympic Committee. The Odyssey Sail Regatta was organized to conclude on the day of the opening ceremony in order to increase the sport's chances for full status.

## H-MEDDAC



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## LRMC



## Landstuhl gives best care possible to wounded troops

**By Col. Rhonda Cornum, commander, Landstuhl Regional Medical Center**

The bombing of a U.S. military dining facility in Mosul caused a late December influx of critically wounded service members to arrive at Landstuhl Regional Medical Center (LRMC) - once again testing our ability to handle the mission.

December 22, a bus delivered eight patients to LRMC who were so severely injured that they were required to be on ventilators, and had open abdominal, head and extremity wounds. We operated on them immediately upon arrival; several were medically evacuated state side within a few hours.

Our surgeons, anesthesiologists and other operating room staff took care of patients as quickly as they could, one after the other, for hours on end. The laboratory, blood bank, radiology, and intensive care personnel had an equally large load of critical tasks. Chaplains and liaisons began the constant communication with units and families desperate to hear about their Soldiers and loved ones. All of this needed to be done immediately, for this was just the first load of patients.

It was a challenge, especially when you consider that it happened during the holiday season. A significant number of our staff was on leave. Some, however, like our only spine surgeon specialist, were too mission essential to spare. Those people began their holidays when time permitted.

We had doctors doing jobs that they normally don't perform. For instance, our chief pediatrician was triaging wounded patients as they entered the emergency room. Of course, as this same pediatrician had recently redeployed from six months in Iraq, he was very well suited to do the job. It really was the quintessential team effort, which is what it takes to succeed in these

types of situations. It also requires learning from your experiences.

First, we are constantly communicating with the U.S. hospitals in Iraq and Afghanistan. The doctors call and email us with specifics of what is coming while the patients are still en route. We had all of the operating rooms ready and staffed when the patients arrived. There was no calling people in and waiting while we set up.

We have access to patient information from the Air Force evacuation system hours before they arrive, so patients have been triaged, pre-admitted and even assigned rooms before they land. When they get off the ambulance or bus, there is no delay while someone "decides" where they should go. We have developed pre-printed orders for the wards and the Intensive Care Unit. Once the doctors see the patients, it is a simple matter of checking the boxes of what they need, and crossing off what each individual may not need.

In addition to the 16,000 patients who have been sent to Landstuhl from "downrange" for disease conditions and injuries not caused by combat, approximately 4,000 battle injured patients have arrived at LRMC since the War in Iraq began. Landstuhl has faced significant surges of casualties during the battles in Fallujah, the Chinook shoot-down, the United Nations bombing, and the attack in Mosul.

These tragedies will never become routine, and we will never become complacent, but our job is to give the best care possible. The entire staff at the LRMC believes the best way to live up to our motto, "Selfless Service," is to always be ready. Constant preparation and communication prevents the staff at LRMC from ever feeling truly overwhelmed by the enormity of the task.

# Patients get surprise visitors at Landstuhl

**By Spc. Todd Goodman**  
**LRMC Public Affairs Office**

A couple of tough people visited patients at Landstuhl Regional Medical Center (LRMC) Jan. 10 to express their gratitude and boost morale. Dubbed the Smith & Wesson Tour, novelist Carl Smith and Survivor Australia Champ Tina Wesson visited patient wards and shook a lot of hands.

Wesson had to be tough to win Survivor. She lost 20 pounds and received only two tablespoons of rice per day. But what could possibly be so tough about a novelist? This was no ordinary novelist. Smith was the nation's first President's Man – meaning he worked directly for the presidents from Lyndon Johnson through Jimmy Carter on covert missions. His novels are based on his experiences in one of the most exciting, yet secretive, jobs in existence.

“Oh, man, I just love these service members,” said Smith, a boxer and seventh-degree black belt in Hapkido, Tae Kwon Do and Judo. “Their attitudes are just, wow. They're tough ... like her, not a pansy like me.” “C'mon now, I'm really nobody,” said Wesson. “I just went on a bad camping trip.”

The unassuming Survivor winner sometimes went unnoticed, even by one of her most ardent fans. “I'm embarrassed to say this, but I didn't recognize her at first,” said Sgt. Jason Lyon, Bravo Company, 1<sup>st</sup>/108<sup>th</sup> Infantry in Iraq.

Once Wesson left his room and moved on, it dawned on him who she was. “I was like, ‘Holy cow! That was Tina,’” he said. “I had to chase her down, because my wife would have killed me if I had not gotten a picture with her.” She was happy to oblige the young sergeant. Both she and Smith were honored to visit the wounded service members.



**Photo by Spc. Todd Goodman, LRMC Public Affairs**

**Marine Cpl. Chad Holmes, 1st Battalion, 2nd Marines, Bravo Company, received a visit from Carl Smith and Tina Wesson Jan. 10 at Landstuhl Regional Medical Center. Mrs. Wesson won Survivor Australia and Mr. Smith is a novelist and the first President's Man the nation ever had. He participated in clandestine operations all over the world for Presidents Lyndon Johnson, Richard Nixon, Gerald Ford and Jimmy Carter. The two visited LRMC on a handshake tour.**

Smith, who has visited service members at Walter Reed numerous times, said he draws inspiration from the young warriors. No matter how many times he visits them, the novelty never wears off. It always warms his heart.

Wesson, like many others, was affected by the 2001 terrorist attacks and has used her celebrity to help motivate and comfort others.

“I've lived 40 years and had always felt safe and thought that America wasn't vulnerable,” said Wesson, who never had a vote cast against her during Survivor Australia. “After 9/11, my thinking changed. I couldn't even sing a patriotic song without balling. That is why I wanted come here and see these young men and women. It allows me to put faces with the news stories.”

“I'm proud of her,” said Lyon. “She's an older lady who put her body through a serious beating to win Survivor. It shows you how much heart she has. It's the same way in Iraq. You have to have heart because some days you simply don't want to continue.”

**LRMC**



## AMEDD



# Emergency War Surgery Handbook now available

**A collaborative effort of the Borden Institute and the AMEDD Center & School**

**Washington, DC** – Although called the 3rd U.S. Revision, this edition of Emergency War Surgery represents an entirely new handbook both in style and content. All material is new and revised to reflect lessons learned from ongoing American involvement in Southwest Asia.

“The editors of this edition are to be congratulated for drawing on the experiences of numerous colleagues re-

cently returned from tours of duty in Southwest Asia in order to provide as current a handbook as possible,” said William

Winkenwerder, Jr., MD, Assistant Secretary of Defense for Health Affairs.

The handbook takes a bulleted manual style in order to optimize its use as a rapid reference.

Drafted by subspecialty experts, it was then updated by surgeons returned from yearlong deployments in Iraq and Afghanistan. Illustrations are featured much more prominently than in the earlier edition.

tions are featured much more prominently than in the earlier edition.

“This revision of the Emergency War Surgery handbook provides the information needed to save the country’s and military’s most precious resource: our Soldiers, sailors, airmen, and Marines,” said Lt. Gen. Kevin C. Kiley, MD (MC, U.S. Army), the Surgeon General.

A collaborative effort of the Borden Institute and the AMEDD Center & School, this hand-

book is the essential tool for the management of forward combat trauma. “Its intent, and the single-minded determination of the contributors, is the retention of lessons learned from recent,

as well as past, battlefield surgery,” said Col. Dave E. Lounsbury, MD (MC, U.S. Army), Director of the Borden Institute.

EWS is available on Army Knowledge Online and Borden Institute website. You can visit the at [www.bordeninstitute.army.mil](http://www.bordeninstitute.army.mil).

*“This revision of the Emergency War Surgery handbook provides the information needed to save the country’s and military’s most precious resource: our Soldiers, sailors, airmen, and marines,” said Lt. Gen. Kevin C. Kiley, MD (MC, U.S. Army), the Surgeon General.*



# Post-Deployment screening begins for Soldiers

**Article submitted by U.S. Army Medical Research Unit-Europe**

Post-deployment psychological screening took a big step forward this quarter as division-wide psychological screening was implemented with the 1<sup>st</sup> Armored Division (1AD).

The 90-120 day post-deployment screening program used the recently developed US Army Medical Research Unit-Europe (USAMRU-E) screening short form. USAMRU-E, an overseas laboratory of the Walter Reed Army Institute of Research (WRAIR), spent the last year conducting blind validation studies and analyzing findings to produce a validated psychological screening tool and a set of screening procedures that could be easily implemented.

The new short form is designed to be fast, efficient, easy to administer, and to minimize the number of false positives. The form assesses five major clinical areas (depression, post-traumatic stress, alcohol problems, relationship problems, and anger problems) using a small number of items per dimension. Cut-off values are based on results from two blind-validation studies. The first was conducted by USAMRU-E with a deploying battalion of Soldiers from the 1<sup>st</sup> Infantry Division. The second study was a post-deployment screen involving Soldiers in the Southern European Task Force in February and March of 2004.

This study was conducted by USAMRU-E with support from the Europe Regional Medical Command (ERMC); the chief of Psychiatry at Landstuhl Regional Medical Hospital and additional personnel from WRAIR. Based on these two validation studies, the entire screening form was shortened to one page (front and back) and screening procedures were altered to streamline the process. The implementation of the screening program was a combined team effort involving USAMRU-E, the 1AD and ERMC. USAMRU-E provided the screening short form, procedural recommendations, training and some direct screening support. The bulk of the screening fell to the 1AD Division Surgeon, 1AD Brigade

Surgeons, and 1AD Division Mental Health staff who, according to USAMRU-E Commander Lt. Col. Paul Bliese, "did an outstanding job implementing the USAMRU-E tools and procedures." Finally, ERMC played an important role in coordinating screening support using ERMC, Landstuhl and Heidelberg medical assets.

The USAMRU-E team providing support for 1AD screened more than 900 Soldiers from Nov. 30 to Dec. 13. The team members included Bliese, Dr. Kathleen Wright (principal investigator for screening, USAMRU-E), Capt. Oscar Cabrera (Chief, Research Operations, USAMRU-E), Sgt. Deena Carr

(noncommissioned officer in charge, USAMRU-E), Spc. Nicol Sinclair (USAMRU-E), Lance Rahey (office manager, USAMRU-E) and civilian contractors Rachel Prayner, Kelley Rice and Angela Salvi. Lt. Col. Muriel Mosley, Director, Soldier and Family Support Services (SFSS), Europe Regional

Medical Command (ERMC), Lt. Col. Frederick Dubois, Heidelberg Medical Activity, and Capt. Susanna Steggles, Soldier and Family Support Services, ERMC, provided additional clinical support.

At USAMRU-E, plans are now underway to conduct a follow-up validation study with the new screening short form plus an additional set of questions regarding sleep problems. Researchers and clinicians have noted that Soldiers may report sleep problems even when they don't endorse any other symptoms on the screening short form, and sleep problems may be signs of depression or traumatic stress reactions. The work on screening for sleep is being done with support from clinical personnel from Landstuhl.

Finally, USAMRU-E's screening research was recently presented at the *Army Science Conference* in Tampa, Fla. in a paper entitled "Validating Post-Deployment Mental Health Screening Instruments: How Good Are They?" by Dr. Kathleen Wright, Lt. Col. Paul Bliese, Cpt. Jeffrey Thomas, Dr. Amy Adler, and Dr. Charles Hoge (2004, November).



*Photo courtesy U.S. Army*  
**Soldiers returning from Iraq attend a post-deployment screening.**

## USAMRU-E



## W-MEDDAC



*Photo by Roger Teel, Wuerzburg Public Affairs*

**Command Sgt. Maj. Michael Grant, right, honors the eight Army Reserve Soldiers who graduated from the Primary Leadership Development Course in Grafenwoehr Nov. 20.**

## Reserve Soldiers shine at PLDC

**By Staff Sgt. Steven Kuduk  
U.S. Army Hospital, Wuerzburg**

Eight Army Reserve Soldiers activated for duty at Wuerzburg hospital proudly walked across the stage at Primary Leadership Development Course graduation ceremonies Nov. 20 in Grafenwoehr.

Cheering them on was a busload of Wuerzburg hospital supporters, led by Command Sgt. Maj. Michael Grant, Wuerzburg Army Hospital command sergeant major, who made the trek across Bavaria to support their Soldiers.

The following earned their first noncommissioned officer education diplomas: Staff Sgt. Brian Biese (orthopedics), Spc. Melany Caccagno (operating room), Spc. Ed Carlson (dining facility), Sgt. Vincent Harris (personnel administration), Sgt. Beata Jachura (respiratory

therapy), Sgt. Katie Lee (radiology), Sgt. Jean Lucien (pharmacy), and Sgt. MaryAnn Martinez (patient administration division).

Several Soldiers earned high honors upon completion of the stressful two-week course. Caccagno and Lee were named to the commandant's list (the military school equivalent of a dean's list), while Martinez secured the coveted physical fitness badge by scoring a 297 (out of 300) on the Army physical fitness test conducted during the first weekend.

In a further sign that the Army is recognizing that the line between the active component and reserve Soldiers has become increasingly blurred, this class was the first at Grafenwoehr to graduate students from multiple branches of the service.

# New Air Force addition to USAMMC-E staff

**By Maj. John Brooks**  
**U.S. Army Medical Materiel Center-Europe**

U.S. Army Medical Materiel Center - Europe (USAMMCE) has been serving all branches of the Armed Forces since its opening in 1951. USAMMCE recognizes the importance of ensuring a joint perspective in planning and supporting current and future operations during both peacetime and during contingencies.

The Global War on Terror (GWOT) has further emphasized the need to increase the representation of the Army's sister services on the USAMMCE staff. One step toward this effort is the assignment of Air Force Maj. John Brooks as USAMMCE's newest staff member. Brooks will serve in the Support Operations Division under an agreement between Col. Thomas Brown, the USAMMCE Commander and Col. Perry Cooper, the Air Force Medical Logistics chief.

The Air Force first established its footprint at USAMMCE in 1987 by assigning a permanent Air Force Liaison. Master Sgt. Edward Grantham is the current Air Force Liaison and has been serving in this position for the last two years. Since shortly after the events of Sept. 11, 2001, the Air Force has deployed six-person teams of medical logisticians to USAMMCE on rotations ranging from 90-180 days.

These airmen have worked in transportation, receiving, storage and other areas to help USAMMCE bridge the gap between available

manpower and the burgeoning GWOT workload. Their impact on USAMMCE's ability to support European-based healthcare facilities and downrange medical units has been immense. These airmen have helped team USAMMCE continue to provide outstanding medical materiel support to all its customers, despite a 40 percent increase in lines shipped since fiscal year 2001.

Related to the joint efforts in place at USAMMCE, it is important to note that the Defense Logistics Agency (DLA) was recently named the DoD Executive Agent for Class VIII (medical) materiel. Organizational details of this decision and its impact on future operations are still being worked between DLA and the Services. Though, one thing is certain: USAMMCE will continue to require a joint perspective in its planning and execution efforts in the area of supply chain management and overall logistics support to its customers.

Brooks' assignment confirms the importance the Air Force Surgeon General's Office and the Army Medical Department place on ensuring all branches of service are represented at this strategic medical materiel center. Team USAMMCE is working hard to make its vision a reality. That vision is to become: The Choice for "One Stop" - Global Medical Logistics -- Dedicated to Exceeding Our Customers' Expectations.

## USAMMC-E



***The choice for  
 one-stop global  
 medical logistics  
 dedicated to exceeding  
 our customer's  
 expectations.***

## TFMF



**Provide level III combat health support to Multinational Brigade-East and Multinational Brigade-Central.**

**Sustain or improve the training level of all medical MOS Soldiers assigned to Task Force Medical Falcon and Task Force Falcon.**

**Promote transition of healthcare to civil authorities.**

[www.tfmedfalcon.hqusareur.army.mil](http://www.tfmedfalcon.hqusareur.army.mil)

## Ground ambulance platoon trains hard and is always mission ready

**Article by Sgt. 1st Class Christopher Thomas, Company C, 237<sup>th</sup> Forward Support Battalion, Task Force Medical Falcon**

**Camp Bondsteel, Kosovo** - The Ground Ambulance Platoon currently serving the KFOR-Task Force Falcon 6A rotation is comprised of members from Company C (Medical), 237<sup>th</sup> Forward Support Battalion from Columbus, Ohio and Detachment 4, 139<sup>th</sup> Medical Group, Independence, Mo.

They arrived at Camp Bondsteel, Kosovo in a high state of readiness, ready to support emergency medical evacuations. They trained hard for this moment throughout their careers and the time had finally come to perform their battlefield mission. In addition to performing the primary mission of ground evacuation for Bondsteel U.S. Army Hospital, they found themselves being utilized in a variety of roles. Those include: provide the immediate emergency medical treatment for wounded/injured indigents appearing at the Camp's main gate with life, limb or eyesight injuries and provide medical support to the surrounding units.

From M-16 rifle and aerial gunnery qualification ranges to occupying forward areas in sup-



*Photo by Capt. Ellen Coddington, 139<sup>th</sup> Medical Group, TFMF*

**From left to right - Sgt. Justin Pegish, 1st Lt. Michael Besch, Sgt. Daniel Warren, Spc. Karl Suchy, Spc. Wesley Borgert, Spc. Carrie Tong.**

port of border operations, the Ground Ambulance Platoon has been able to provide the Soldiers of Multi-National Brigade East the support needed to make their training and operations as successful and safe as possible.

In all, they have felt their experiences in Kosovo has made them better medics and Soldiers and it has also provided them with valuable experiences to fall back on during future deployments. The Soldiers of Task Force Medical Falcon's Ground Ambulance Platoon represents the 38<sup>th</sup> Infantry Division, Ohio Army National Guard and the 89<sup>th</sup> Regional Readiness Command, Wichita, Kan.





...People will remain the  
centerpiece of all we do—  
Soldiers, civilians,  
retirees and veterans...



**ERMC**

***"Caring for Our Nation's Best"  
Medics Forward ... Any mission,  
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## H-MEDDAC pharmacists take home awards

**By Phillip Tegtmeier  
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In addition to the pharmacist awards reported in the December 2004 edition of the Medics Forward newsletter (<http://www.healthcare.hqusareur.army.mil/ERMC-News/ERMC-Newsletter-Medics-Forward/2004-12-MedicsForward.pdf>), two other Europe Regional Medical Command pharmacists received recognition in the Army Pharmacy Award program for 2004.

Maj. Jorge Carrillo, ERMC's Pharmacy Advisor assigned to the U.S. Army Medical Materiel Center Europe (USAMMCE), received the Army Pharmacy Leadership and Innovation award and Capt. Darryl

McGuire, Baumholder Clinic, took the Army Pharmacy Junior Officer Award. Both received their awards from the chief of the Medical Service Corps, Brig. Gen. Sheila Baxter and



**Photo courtesy U.S. Army**  
**Maj. Jorge Carrillo center, receives his pharmacist awards from Brig. Sheila Baxter, right, and Col. Mike Heath, left, in Kansas City, Mo.**

Col. Mike Heath, Army Pharmacy Consultant in a ceremony in Kansas City, Mo., this fall.

Carrillo implemented a systematic process to identify price changes in pharmaceutical products and cost-effective substitutions that resulted in cost savings to the Army Medical Department of more than \$10 million in 2004 through August, when he was nominated for the award. He also managed the requisition and distribution of Anthrax and Smallpox vaccines in support of the Military Vaccine Program (MILVAX) in Europe and Southwest Asia. In doing so, he coordinated shipment of more than 65,000 doses of Anthrax and 20,000 doses of Smallpox vaccines.

To help in that effort, Carrillo developed and implemented a MILVAX electronic request form on the USAMMCE Web site to standardize the ordering process.

McGuire implemented several initiatives in the Baumholder clinic dealing with anti-depressive medications, anti-anxiety drugs, birth control pills and allergy medicines that resulted in savings of more than \$120,000 in the two years he has been in the clinic. He achieved those savings working closely with 10 providers in the



**Photo courtesy U.S. Army**

**Capt. Darryl McGuire receives his pharmacist awards from Brig. Sheila Baxter, right, and Col. Mike Heath, left, in a Kansas City, Mo. ceremony this fall. Baxter is the chief of the Medical Service Corps, and Heath is the Army Pharmacy consultant.**

clinic and teaching them about the clinical effectiveness of less costly drugs than those the providers had been prescribing for their patients.

One of his proposals was adopted throughout ERMC at annual cost avoidance of \$400,000 to the command. He became the third pharmacist in ERMC to be given clinical privileges. The providers in the Baumholder clinic continually make good use of his services to improve care in the facility.

"His customer service surveys generated important feedback on the effectiveness of his services and his bi-monthly patient information handouts are invaluable in educating our patient population on several topics," said Lt. Col. Francis Bannister, commander, Baumholder clinic in McGuire's nomination narration.

The US Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the US Army Medical Command, headquartered at Fort Sam, Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 30 healthcare facilities in Germany, Italy and Belgium.